OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES** (Section 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Original Appointment Secondary Depository **Deputy Treasurer** Reappointment of Treasurer 1. Address (include post office box or street, city, state, zip code) 4539 ROYAL PALM AVE GABRIELL REDFORN MIAMI 3. Office (add district, circuit or group number) 2. Party (Partisan candidates only) Telephone (optional) CITY COMMISSION GROUP! 306 205 3213 Campaign Treasurer Deputy Treasurer I have appointed the following person to act as my 4. Name of Treasurer or Deputy Treasurer LAUREN Ellis 5. Mailing Address (If post office box or drawer add street address) 6. Telephone 5675 LA GOICE DRIVE 305 865 8877 8. County . 10. Zip Code 7. City MIAMI BEACH MIAMI-DADE 33140 Primary Depository I have designated the following named bank as my Secondary Depository 12. Street Address 11, Name of Bank 41 STRUE 750 WACHOVIA 16. Zip Code 33/40 13. City 14. County MIAMI - DADE 1/AMI 17. Signature of Candida 1.21.05 Campaign Treasurer's Acceptance of Appointment , do hereby accept the appointment as Deputy Treasurer for the campaign of Cabrielle Campaign Treasurer who is seeking nomination or election as a candidate to the office of omms 510ne(. As a duly registered voter in Mial County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE. Signature of Campaign Treasurer or Deputy Treasurer